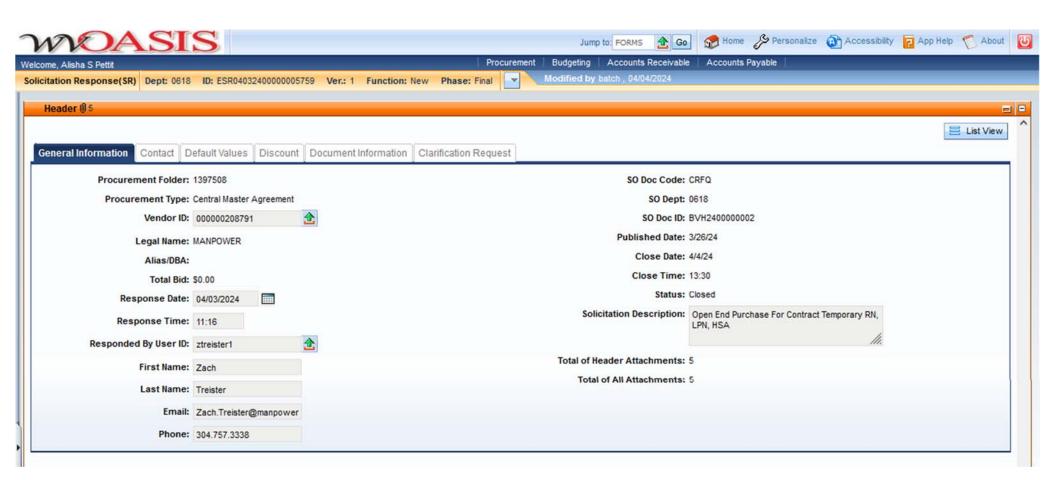
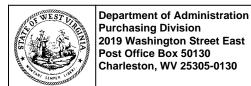


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





State of West Virginia Solicitation Response

Proc Folder: 1397508

Solicitation Description: Open End Purchase For Contract Temporary RN, LPN, HSA

Proc Type: Central Master Agreement

 Solicitation Closes
 Solicitation Response
 Version

 2024-04-04 13:30
 SR 0618 ESR04032400000005759
 1

VENDOR00000208791
MANPOWER

Solicitation Number: CRFQ 0618 BVH2400000002

Total Bid: 0 Response Date: 2024-04-03 Response Time: 11:16:04

Comments:

FOR INFORMATION CONTACT THE BUYER

David H Pauline 304-558-0067 david.h.pauline@wv.gov

 Vendor

 Signature X
 FEIN#

DATE

All offers subject to all terms and conditions contained in this solicitation

 Date Printed:
 Apr 8, 2024
 Page: 1
 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Contract Nursing Services RN, LPN, HSA	0.00000	HOUR	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #	
85101601				

Commodity Line Comments: Individual unit 'fields' (price) not available to input separately

Extended Description:

Please refer to Exhibit "A" Pricing Page to input pricing. Contract Nursing Services RN, LPN, HSA

Date Printed: Apr 8, 2024 Page: 2 FORM ID: WV-PRC-SR-001 2020/05



hereby grants

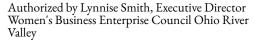
National Women's Business Enterprise Certification

Manpower of WV, Inc. DBA Manpower

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE). This certification affirms the business is woman-owned, operated and controlled and is valid through the date herein.

Certification Granted: November 30, 2015 Expiration Date: November 30, 2024 WBENC National Certification Number: 2005127835 WBENC National WBE Certification was processed and validated by Women's Business Enterprise Council Ohio River Valley, a WBENC Regional Partner Organization.







NAICS: 561320, 561311

UNSPSC: 73151501, 80111600, 80111603, 80111611, 80111614, 80111617, 80111618, 80111620, 80111700, 80111710, 80111716

























REQUEST FOR QUOTATION – CRFQ BVH24*02 [Direct Care Staffing for Nursing Services]

- **8.2** The following remedies shall be available to the Agency upon default.
 - **8.2.1** Immediate cancellation of the Contract.
 - **8.2.2** Immediate cancellation of one or more release orders issued under this Contract.
 - **8.2.3** Any other remedies available in law or equity.

9. MISCELLANEOUS:

9.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: ZACH Trester
Telephone Number: Zay. 757. 9589
Fax Number: Zach. Trester Emanponer: com

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) ZACH Trainfer -> Director
(Address) S& alson way, Swit-100, Scott Depot W 25560
(Phone Number) / (Fax Number) 301.757.9589
(email address)
CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.
By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract
clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity
entering into this contract is prohibited from engaging in a boycott against Israel.
Manpower
(Company) Z. Treister
(Signature of Authorized Representative) ZACH Trester
(Printed Name and Title of Authorized Representative) (Date)
(Phone Number) (Fax Number) ZAcot. (Teister & manpaver. com
(Email Address)

EXHIBIT "A" PRICING PAGE - CRFQ BVH24*02

TEMPORARY NURSING STAFFING SERVICES

To use this pricing page electronically enter the "rate per hour" in each cell as a dollar value and the spreadsheet should fill in the totals automatically. Should the spreadsheet not automatically calculate the totals or you complete this on paper you would need to multiply the estimated annual usage hours by the rate per hour to get the extended price. It is understood through the specifications that the overtime rate is 1.5 times the regular hourly rate for that classification. A 1.5 multipier will be assigned to each vendor hourly rate by the evaluation committee to verify the Overtime rate bid is correct. Once lines 1 - 9 have their extended price add all the extended prices together to get the total for the bid.

Item #	Description	Quantity	Cost Per Hour	Extended Cost
1	Temporary RN Regular Hours	300	\$62.92	\$18,876.00
2	Temporary RN Holiday Rate	24	\$94.38	\$2,265.12
3	Temporary LPN Regular Hours	500	\$51.91	\$25,955.00
4	Temporary LPN Holiday Rate	56	\$77.87	\$4,360.72
5	Temporary HSA Regular Hours	700	\$29,86	\$20,902.00
6	Temporary HSA Holiday Rate	56	\$44.79	\$2,508.24
7	Temporary RN Overtime Rate (RN)	24	\$94.38	\$2,265.12
8	Temporary LPN Overtime Rate (LPN)	24	\$77.87	\$1,868.88
9	Temproary HSA Overtime Rate	24	\$44.79	\$1,074.96
Failure to	illure to use this form may result in disqualification			\$80,076.04



Vendor Signature X Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

State of West Virginia Centralized Request for Quote

Proc Folder:	1397508		Reason for Modification:
Doc Description:	Open End Purchase For		
Proc Type:	Central Master Agreeme	ent	
Date Issued	Solicitation Closes	Solicitation No	Version
2024-03-20	2024-04-04 13:30	CRFQ 0618 BVH2400000002	1
BID RECEIVING LO	OCATION		
BID CLERK			
DEPARTMENT OF	ADMINISTRATION		
PURCHASING DIV	ISION		
2019 WASHINGTO	N ST E		
CHARLESTON	WV 25305		
us			
VENDOR			
Vendor Customer	Code: <i>55</i>		
Vendor Name :	Manpower of 5th Avenue	W	
Address: 528	5th tvenue		
Street: Hentry	ngtan		
City:	√'	0	
State: w		Country: USA	Zip: 2570/
Principal Contact	: ZACH Treister		
l)'	hone: 304.757. 9	S89 Extension:	
	N CONTACT THE BUYE	ir.	18
David H Pauline 304-558-0067			
david.h.pauline@w\	v. gov		
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All offers subject to all terms and conditions contained in this solicitation

 Date Printed:
 Mar 20, 2024
 Page; 1
 FORM ID: WV-PRC-CRFQ-002 2020/05

DATE

FEIN#